Case 3:15-cv-00161-JO	Document 2	Filed 01/29/15	Page 1 of 6
DENNIS JAY # 14-14050 Washington Co 215 3W ADA Hillsboro, Or	unty Ja	16 35 17 123 - 31	979 JAN 15 104308100AP 3 7 4
	FATES DISTRIC FRICT OF ORE LAND DIVIS	GON	
DENNIS JAY WAS 14-14056 Inter full name of plaintiff(s)) Plaintiff(s),	IR <u>REN</u>		3:15-cv-00161-JO Clerk of the Court) IVIL RIGHTS
IAIL IMA CA L'XIOI	and the same	rtracteo	

I.

B. If your answer to A is yes, how many? _____. Describe the lawsuit(s) in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

Have you brought any other action or appeal in a court of the United States while a

1. Parties to the previous lawsuit:

Plaintiff(s):

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A.

prisoner?

	Defendant(s):
2.	Court:
3.	Docket Number:
4.	Name of judge to whom case was assigned:
5.	Disposition (Was the case dismissed? Was it appealed? Is it still pending?)
6.	Approximate date of filing:
7.	Approximate date of disposition:
Is the	e of confinement: WASHINGTON County JAIL 215 SW ADAMS FILLS BOTO Oregon - 9-1123 - 38 ere a prisoner grievance procedure in this institution? Yes No No
Have	e you filed a grievance concerning the facts relating to this complaint?
	Yes No 🗆
	If your answer is no, explain why not:
Is th	e grievance process completed?
	Yes No

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III. PARTIES

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A.	Name of plaintiff: DENNIS JAY WARREN
	Security Identification No.: 14-14056
	Address: Washington County JAIL 215 SW ADAMS MS35 Hillsboro, Oregon - 97123-3874
(In ite of employmen	m B, place the full name of each defendant , his/her official position, and his/her place nt.
В.	Defendant "Colin" is employed as Physician Plssistant at WAShington County Jail Hillsboro, Oregon. Defendant Cocizon Healtisamployed as Medical for Jail at Washington County Jail Hillsboro, Oregon. Defendant is employed as With Co. Jail at Hillsboro, Oregon.
	Defendant is employed as at
	Defendant is employed as at

Additional defendants:

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IV. STATEMENT OF CLAIM

Claim I

State what right under the Constitution, laws, or treaties of the United States has been violated.

"Deliberate	2 Indif	Ference to	My	Medical
Meds.1.	MU CIVI	1 Rights.	1	
***		V ·		

Supporting Facts: (State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved and when the conduct occurred. It is not necessary to give any legal arguments or cite any cases or statutes.)

I am on Inmate at con co sail. I have Severe
was being medicated by "Color PA-C-Corizon Health Not WA County Just log one month?
Was being modicated by "Color PA-C- Corizon
Health Mr WA COUNTY DAN LOC one months
111) the Wyllow Cor and of stract all the stract and
the ph- 1 "Colon" - proser bee had
not over met mb or sieen ma physically,
for month yet was prescribing meds
The mo which we in a grave a colon is an
emoloule of Corizon Healthicers, Subconfrontes
by live lab talle 14 so some broad when
in severe facial pain from nerve dampage
and was ceroused confinued treatments
of proper non-narcotic anti Janami locu
moral clastion and told to buy it to town,
Jail store - They won't carry, that med at
of proper non-narcotic anti-Indiamillor confictation and told to buy it of corner tail store They Don't Carry that med at Joil Store and Claim Illum Indegent
Claim II

State what right under the Constitution, laws, or treaties of the United States has been violated.

el belieu	e a delibe	rate undi	fference	to my
medical	needs	is pact	al Amici	2
81 Bill C	ol Rights	sectli bys	13,16	1 4
101 Lee]	Dronie Civ	n Right	13 Have	10001
violated	s and s	nessa	Lawyer	please.

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	as possible the <u>facts</u> of your case. Describe how at occurred. It is not necessary to give any legal
Corizon Health Car	12 - Subcontracted WA. Co.
Clai	m III
State what right under the Constitution violated. Deliberate Dadiff	, laws, or treaties of the United States has been
	as possible the <u>facts</u> of your case. Describe how ct occurred. It is not necessary to give any legal
LUA. Co. gail-H Employer of Su	illsboro, Oregon -
addressing grin	avances I submitted dical Stall Regarding
iny Umproper He	alth careDb y

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(If you have additional claims, describe them on another piece of paper, using the same outline.)
V. RELIEF
State <u>briefly</u> exactly relief you are seeking. Make no legal arguments. Cite no cases or statutes.
1 Am Asking for the Medical Doctor (M.D.)
Jacide treatment for my leasth care
from tick of care of the rate indifference
Signed this <u>27</u> day of <u>1000</u> , 20 <u>15</u>
Cennis Day Warren
(Signature of Plaintiff(s))